
Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Montana Statewide CoC	MT05-500
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: Montana Continuum of Care Coalition		
CoC Contact Person: Bob Buzzas		
Contact Person's Organization Name: Montana Continuum of Care Coalition		
Street Address: 321 E. Main, Suite 316		
City: Bozeman	State: MT	Zip: 59715
Phone Number: 406-586-1572	Fax Number: 406-522-8232	
Email Address: civicconsulting@msn.com		

CoC-A

B: CoC Geography Chart

All of the county and city geographic codes are claimed and listed below and grouped by districts:

DISTRICT 1,2 & 3	
Carter County	309011
Custer County	309017
Daniels County	309019
Dawson County	309021
Fallon County	309025
Garfield County	309033
McCone County	309055
Phillips County	309071
Powder River County	309075
Prairie County	309079
Richland County	309083
Roosevelt County	309085
Rosebud County	309087
Sheridan County	309091
Treasure County	309103
Valley County	309105
Wibaux County	309109
DISTRICT 4	
Blaine County	309005
Chouteau County	309015
Hill County	309041
Liberty County	309051
DISTRICT 5	
Great Falls	300342
Cascade County	309013
Glacier County	309035
Pondera County	309073
Teton County	309099
Toole County	309101
DISTRICT 6	
Fergus County	309027
Golden Valley County	309037
Judith Basin County	309045
Musselshell County	309065
Petroleum County	309069
Wheatland County	309107

DISTRICT 7	
Billings	300066
Big Horn County	309003
Carbon County	309009
Yellowstone County	309111
Stillwater County	309095
Sweet Grass County	309097
DISTRICT 8	
Broadwater County	309007
Lewis and Clark County	309049
Jefferson County	309043
DISTRICT 9	
Gallatin County	309031
Meagher County	309059
Park County	309067
DISTRICT 10	
Flathead County	309029
Lake County	309047
Lincoln County	309053
Sanders County	309089
DISTRICT 11	
Missoula	300540
Mineral County	309061
Missoula County	309063
Ravalli County	309081
DISTRICT 12	
Beaverhead County	309001
Deer Lodge County	309023
Granite County	309039
Madison County	309057
Powell County	309077
Silver Bow County	309093

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
CoC Primary Decision-Making Group						
Name:	Montana CoC Executive Committee		X			10
Role:	The Executive Committee oversees the continuum process, makes recommendations on process and procedures, to the larger continuum membership and acts as the lead governance committee.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Renewal Review Committee			X		4
Role:	This committee reviews CoC grantee projects using APRs, past applications, site visits and more to assess goals and outcomes progress, ensure consistency between what is proposed in the application and actual operations, to try and identify any grant management issues. The role of the committee is more one of identifying and remedying potential problems than scoring or ranking.					
Name:	Data Development and Management Committee				X	4
Role:	This committee overseas the implementation of the HMIS project and considers the use of data in general to inform homeless planning and policies both within the continuum's process as well as throughout the state. The committee will assess HMIS progress and outcomes for cost effectiveness.					
Name:	Governance, Policy, Procedures and Process Working Group				X	6
Role:	This ad hoc work group was established to review the governance structures of at least 10 other Continuums of Care across the country in order to develop recommendations to the full membership for changing our policies and procedures, including the drafting of a Code of Conduct for the Executive Committee and all members. The group will also review last year's scoring and ranking process and recommend changes to the Executive Committee.					

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	MT Department of Health and Human Services (DPHHS), Intergovernmental Human Services Bureau	STATEWIDE	HIV	
	DPHHS, Addictive and Mental Disorders Div.	STATEWIDE	SMI	SA
	DPHHS, Family Services Division	STATEWIDE		
	DPHHS, State Hospital	STATEWIDE	SMI	SA
	MT Office of Public Instruction	STATEWIDE	Y	
	MT Dept of Commerce (Consolidated Plan Officer)	STATEWIDE		
	MT Dept of Commerce, Housing Division	STATEWIDE	HIV	
	LOCAL GOVERNMENT AGENCIES			
	Missoula City County Planning & Grants	309063		
	PUBLIC HOUSING AGENCIES			
	Missoula Public Housing Authority	309063	SMI	SA
	Helena Public Housing Authority	309049	SMI	SA
	Butte Public Housing Authority	309093	SMI	SA
	Billings Public Housing Authority	309111	SMI	SA
	SCHOOL SYSTEMS / UNIVERSITIES			
	Montana State University/HOPWA Program	STATEWIDE	HIV	
	LAW ENFORCEMENT / CORRECTIONS			
	Montana Department of Corrections	STATEWIDE		
	Montana State Prison	STATEWIDE		
	Board of Crime Control	STATEWIDE		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	OTHER			
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	MT Veterans Foundation	STATEWIDE	Vet	
	Florence Crittenton Home	STATEWIDE		
	Rocky Mountain Development Council	309049, 309007, 309043		
	Missoula AIDS Council	WESTERN HALF OF STATE	HIV	
	NW Human Resources	309029, 309047, 309053, 309098		
	Golden Triangle Mental Health Center	NORTHCENTRAL 1/3 OF STATE	SMI	SA
	Western MT Mental Health Center	WESTERN 1/3 OF STATE	SMI	SA
	Mental Health Center	EASTERN 1/3 OF STATE	SMI	SA
	Homeward Bound	STATEWIDE		

Yellowstone AIDS Project	EASTERN HALF OF STATE	HIV	
Opportunities Inc.	300342, 309013, 309035, 309073, 309099, 309101		
Poverello Inc.	309063		
AWARE, Inc.	STATEWIDE		
Turning Point Addictive Services	STATEWIDE	SA	
Mountain Home	STATEWIDE		
Sanders County Coalition for Families	309089	DV	
District IV HRDC	309005, 309015, 309041, 309051		
S.A.F.E.	309081	DV	
Action for Eastern Montana	309011, 309017, 309019, 309021, 309025, 309033, 309055, 309071, 309075, 309079, 309083, 309085, 309091, 309103, 309105, 309109		
FAITH-BASED ORGANIZATIONS			
Adela Awner, Interfaith Hospitality Network	309111		
Family Promise	309031		
God's Love	309049		
Salvation Army	STATEWIDE		
Great Falls Rescue Mission	309013		
YWCA	300540, 309063, 309111, 300066	DV	
FUNDERS / ADVOCACY GROUPS			
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
HOSPITALS / MEDICAL REPRESENTATIVES			
Gallatin Community Clinic	309031		
Deering Clinic	300066, 309003, 309009, 309111, 309095, 309097		
Montana Veteran Admin Health Care System	STATEWIDE	VET	
Healthcare for the Homeless	STATEWIDE		
HOMELESS PERSONS			
Eric Sells	300540		
Gloria Koffler	309049		
OTHER			

E: CoC Governing Process Chart

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain. <i>RESPONSE: The process was open but the charter Executive Committee formed this past year was filled by first calling for volunteers to fill each of 10 districts and then recruiting members to fill in empty districts.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain. <i>Response: The Executive Committee chair appointed a "Governance Working Group" which will, among other things, draft a Code of Conduct for consideration by the full membership this coming year.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<p>6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.</p> <p><i><u>Response:</u> The final ranking of all projects is determined by the results of a five member, "third-party" Scoring Panel which reviews all applications, interviews applicants, and scores each applicant in five categories. These scores are then adopted by the full Coalition membership in a final meeting that also considers placement of a new eligible project in the number 1 priority, adjusting budget amounts to fit the pro rata amount and adjustment of terms, when necessary.</i></p> <p><i>The full membership, including applicants, are eligible to vote on the adoption of the final and completed plan, but the number of votes from any city or organization with a disproportionate number of attendees are limited to a maximum number of votes decided by the group.</i></p> <p><i>This process is reviewed and adopted each year as the one that provides the most participation, the most informed discussion and the best results. Coalition members recognize, however, HUD's desire to see more formal governance processes and will adopt changes this fall. A working group has already been established by the Coalition's Chairman and charged with studying other coalition governance structures and making recommendations to the group.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>7. Does the CoC have a fiscal agent designated to receive funds from HUD?</p> <p><i><u>Response:</u> The MT Continuum of Care Coalition does not receive any funds from HUD or anyone else. The Coalition is staffed under a contract arrangement with the Montana Department of Public Health and Human Services. All grants go directly to project applicants.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>8. If your Continuum has not yet complied with any of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.</p>		

F: CoC Project Review and Selection Chart

1. Open Solicitation			
a. Newspapers	<input type="checkbox"/>	e. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters to CoC Membership	<input checked="" type="checkbox"/>	f. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	g. Announcements at Other Meetings	<input checked="" type="checkbox"/>
d. Email CoC Membership/Listserv	<input checked="" type="checkbox"/>		
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings	<input checked="" type="checkbox"/>	k. Assess Cost Effectiveness	<input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings	<input checked="" type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants	<input checked="" type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input checked="" type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input type="checkbox"/>	q. Review Leveraging	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	e. All CoC Present Can Vote	<input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote	<input checked="" type="checkbox"/>	f. Consensus	<input checked="" type="checkbox"/>
c. CoC Membership Required to Vote	<input checked="" type="checkbox"/>	g. Abstain if conflict of interest	<input type="checkbox"/>
d. One Vote per Organization	<input checked="" type="checkbox"/>		

CoC-F

G: CoC Written Complaints Chart

<p>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
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CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

[illegible]

Because this application is for a statewide continuum of care, a listing of services for the entire state would be excessively long. A representative sampling of services for districts where renewal applications are being submitted are provided below.

District 7																			
Health Dept.													X						
Job Service																X			
Mental Health Center						X			X										
Vocational Rehab																X			
Healthcare Homeless						X							X						
Tumbleweed				X															
HRDC			X						X							X	X		
Deering Clinic						X							X						
Vocational Rehab																X			
Mental Health Center				X															
Adult Education Center																X			
Alternatives											X								
Career Guidance										X									
Family Tree Center										X									
Friendship House																X			
Indian Health Board													X						
Job Connection																X			
Montana Legal Service					X														
YWCA																X	X		
District 8																			
Boyd Andrew Chemical Dependency				X															
Career-Training Institute																X			
County Cooperative Health-Dental											X		X						
County Health Department											X								
Dental Services													X						
God's Love, Inc.		X																	
Golden Triangle				X															
Good Samaritan		X																	
Helena Indian Alliance											X								
Leo Pocha- Dental													X						
Leo Pocha- Medical													X						
MCDC											X								
Vocational Rehabilitation																X			
District 10																			
Educ. Opp. Center										X									
Violence Free/Abbie				X															
FV Comm. College																X			

[illegible]

Ravalli Head Start																X		X	
Riverfront Counseling												X							
Community Members										X									
Salvation Army		X				X			X										
Women's Opportunity and Resource Development		X		X					X										
Western Montana Addiction Services											X								
Missoula Job Service WoRC Program																	X		
Western Montana Mental Health Center						X			X			X							
Missoula Workforce Center																	X		
Vocational Rehabilitation Services																	X		
Child Care Resources																		X	
Human Resource Council		X																	
Missoula Housing Authority		X																	
District 12																			
Literacy Volunteers of America																	X		
Community Health Center													X						
Butte/Silver Bow Chemical Dependency Services											X								
Western Montana Mental Health Center												X							
MSU Nutrition Program										X									
Career Futures (WoRC Program)																	X		
Montana Chemical Dependency Center										X									

CoC-H

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <div>□</div>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
District 1, 2, 3 New Life Mission, Inc.	New Life Mission	N			309021	M				14	14		
District 4 HRDC	The Haven	P			309041	M	DV	1	12	6	18		
District 5 Great Falls Rescue Mission	G.F. Rescue Mission	N			309013	M		4	16	44	60		25
District 5 YWCA	Mercy Home	N			309013	SF	DV		25		25		
District 6 HRDC	Central MT Ministerial Association	N			309027	M				1	1		
District 6 Salvation Army	Calvert Hotel	N			309027	M				10	10		
District 7 MT Rescue Mission	MT Rescue Mission	N			309111	SMF				74	74		
District 7 MT Rescue Mission	Women & Family Shelter	N			309111	FC		35	73	17	90		
District 7 YWCA	Gateway House	N			300066	FC	DV		9	18	27		
District 7 Tumbleweed	Tumbleweed Runaway & Homeless Youth	P			309111	M				12	12		
District 7 Crow Tribe	Big Horn Co. Emergency Shelter	N			309003	SMF			2	20	22		
District 7 MT Association of Churches	Interfaith Hospitality Network	P			309111	FC			14		14		
District 8 God’s Love	God’s Love Emergency Shelter	P			309049	SMF				35	35		3
District 8 Montana Youth Homes	Montana Youth Group Home	N			309049	YM				11	11		

District 8 Rocky Mountain Development Council	Friendship Center	P			309049	FC	DV		15		15		
District 10 Samaritan House, Inc.	Samaritan House	P			309029	M	DV	5	15	28	43		
District 10 Sanders County Coalition for Families	Thompson Falls Women's Shelter	N			309089	M	DV	2	8	6	14		2
District 10 Violence Free Crisis	The Abby Shelter	N			309029	FC	DV		8	2	10		
District 10 Safe Harbor, Inc.	Safe Harbor	N			309047	SF	DV		8	2	10		
District 11 Poverello, Inc.	Poverello Center	N			300540	SMF				67	67		25
District 11 YWCA	YWCA Domestic Violence Center	N			309063	SF	DV	1		25	25		
District 11 S.A.F.E. Shelter	S.A.F.E. Shelter	N			309081	M	DV	4	7	2	9		
District 11 Salvation Army	Gateway Center	N			309063	FC		7	14		14		2
District 12 Butte Christian Community Center	Safe Space	N			309093	M	DV	2	2	14	16		
District 12 Butte Rescue Mission	Butte Rescue Mission	N			309093	M		3	3	32	35		
SUBTOTALS:			0	0	SUBTOT. CURRENT INVENTORY:			64	231	440	671		57
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	0	0	0		0
Inventory Under Development		Anticipated Occupancy Date											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0	0	0
TOTALS:								64	231	440	671	0	57

Unmet Need		UNMET NEED		-17	-72	-222	na	na	Na
TOTALS:									
1. Total Year-Round Individual ES Beds:	440	4. Total Year-Round Family Beds:							231
2. Year-Round Individual ES Beds in HMIS:	0	5. Year-Round Family ES Beds in HMIS:							0
3. HMIS Coverage Individual ES Beds:	0	6. HMIS Coverage Family ES Beds:							0

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <div></div>	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
District 1, 2, 3 New Life Mission, Inc.	Matthews House	N			309021	M		1	8		8
District 1, 2, 3 Action for Eastern Montana	RHY	P			309021	YMF				3	3
District 4 HRDC	McLaughlin Transitional Housing Project	P			309041	M		4	20		20
District 4 HRDC	RHY	P			309041	YMF				3	3
District 5 Gateway Community Services	Grace Home	N			309013	FC		6	15		15
District 5 Great Falls Rescue Mission	Great Falls Rescue Mission	N			309013	M				31	31
District 5 Opportunities, Inc.	RHY	P			309013	YMF				3	3
District 6 Emanuel Baptist Church	Gilead House	N			309027	M				1	1
District 6 HRDC	RHY	P			309027	YMF				3	3
District 7 MT Rescue Mission	MT Rescue Mission	N			309111	YM				23	23

District 7 MT Rescue Mission	Women & Family Shelter	N			309111	M			12	8	20
District 7 YWCA	Gateway House	N			309111	M	DV		6	13	9
District 7 HRDC	RHY	P			309111	YMF				3	3
District 8 God's Love, Inc.	God's Love Family Transitional Housing Center	7	2	27	309049	M		8	27	2	29
District 8 Rocky Mountain Development Council	Friendship Center	N			309049	SMF			7		7
District 8 Montana Youth Homes	Montana Youth Homes	N			309049	YMF				8	8
District 8 Boyd Andrews	Boyd Andrews House	N			309049	SM				1	1
District 8 Florence Crittenton	Montana Florence Crittenton Home	7		8	309049	FC		4	8		8
District 8 Golden Triangle Community Mental Health Center	Hannaford House	N			309049	SMF				1	1
District 8 Montana Veteran's Foundation	Willis Cruse Home for Veterans	N			309049	SM	VET			7	7
District 8 Rocky Mountain Development Council	RHY	P			309049	YMF				3	3
District 9 HRDC	The Carriage House	P			309031	M			4		4
District 9 The Network	The Network	N			309031	M	DV	2	18		18
District 9 HRDC	RHY	P			309031	YMF				3	3
District 10 NW Montana Human Resources	Courtyard Apartments	P	8	26	309029	FC	DV	16	26	8	34
District 10 Samaritan House	Samaritan House	7	27	18	309029	M	VET	9	18	27	45
District 10 Sanders County Coalition for Families	Lavonne Kennedy THP	F			309029	M	DV	2	5	1	6

District 10 NW Human Resources	RHY	P			309029	YMF				3	3	
District 11 Poverello, Inc.	Joseph Residence	7		94*	309063	FC		9	27*		27	
District 11 YWCA	YWCA-Ada Transitional Housing	F			309063	FC		11	33		33	
District 11 Mountain Home, Inc.	Mountain Home	5		8	309063	M		4	8		8	
District 11 Turning Point	Share House	P	8		309063	SMF				8	8	
District 11 MT Rescue Mission	Missoula 3:16	N			309063	SM				6	6	
District 11 S.A.F.E.	S.A.F.E. Transitional Housing	F			309081	M	DV	9	19	1	20	
District 11 Turning Point	Carole Graham Home	N			309063	FC	DV	6	12		12	
District 11 HRDC	RHY	P			309063	YMF				3	3	
District 12 HRDC	RHY	P			309063	YMF				3	3	
District 12 HRDC	Homeward Bound	7	24	12	309063	M		4	12	24	36	
SUBTOTALS:				193	69	SUBTOT. CURRENT INVENTORY:			95	285	200	485
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)				Ind.	Fam.							
District 9 The Network	The Network	7			309031	M	DV	1	6		6	
District 11 Missoula Housing Authority/Poverello, Inc.	Valor House	5	17		309063	SMF	VET			17	17	
SUBTOTALS:				17		SUBTOTAL NEW INVENTORY:			1	6	17	23
Inventory Under Development		Anticipated Occupancy Date										
District 11 Poverello, Inc.	Joseph Residence	Feb. 2006			309063	FC		7	67*			
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								7	67	0	0	

TOTALS:				103	358	217	508
Unmet Need TOTALS:				UNMET NEED	-35	-147	86
1. Total Year-Round Individual TH Beds:		217	4. Total Year-Round Family Beds:				358
2. Year-Round Individual TH Beds in HMIS:		69	5. Year-Round Family TH Beds in HMIS:				193
3. HMIS Coverage Individual TH Beds:		32%	6. HMIS Coverage Family TH Beds:				54%

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <div>☐</div>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
District 7 Billings Public Housing Authority	PHA S+C Program	P			309111	SMF				15/1	15
District 7 Yellowstone AIDS Council	Y.A.C.	P			309111	SMF	HIV	9	18	26/0	44
District 8 Helena Public Housing Authority	Helena S+C Program	7	28		309049	SMF				28/2	28
District 11 Missoula Public Housing Authority	Missoula Public Housing Authority S+C Program	5	60	20	309063	SMF		10	20	60/15	80
District 11 Missoula Public Housing Authority	Uptown Apartments, SRO	5	14		309063	M				14/0	14
District 11 Missoula AIDS Council	M.A.C.	7	24	16	309063	SMF	HIV	8	16	24/0	40
District 12 Public Housing Authority of Butte	S+C Permanent Supportive Housing	7	8	4	309093	M		3	4	8/0	12

SUBTOTALS:			134	40	SUBTOT. CURRENT INVENTORY:			30	58	175/18	233		
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
District 11 Missoula Public Housing Authority	Missoula Public Housing Authority S+C Program	5	19	16	309063	M		7	16	19/1	35		
District 7 Yellowstone AIDS Council	Y.A.C.	P			309111			4	8	11/2	19		
District 10 Missoula AIDS Council	M.A.C.	6	11	8	309063			4	8	11/0	19		
SUBTOTALS:			30	24	SUBTOTAL NEW INVENTORY:			15	32	41/3	73		
Inventory Under Development		Anticipated Occupancy Date											
Mt. Department of Commerce	Housing Division	Beginning June, 2006			309111	SM				18/18	18		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	18/18	18		
TOTALS:								45	90	234/39	324		
Unmet Need TOTALS:								UNMET NEED		14	-48	281	
1. Total Year-Round Individual PH Beds:			234		4. Total Year-Round Family Beds:						90		
2. Year-Round Individual PH Beds in HMIS:			164		5. Year-Round Family PH Beds in HMIS:						64		
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)			70%		6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)						71 %		

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

(1) Indicate date on which Housing Inventory count was completed: _____	
(inventory of beds <u>existing</u> on 01/31/2006 was <u>completed</u> 03/01/06)	
(2) Identify the <u>primary</u> method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>92</u> %	Emergency shelter providers
<u>92</u> %	Transitional housing providers
<u>100</u> %	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6) Indicate the <u>primary</u> method used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count: 1/31/06

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	64	66	15	145
1. Number of Persons in Families with Children:	221	196	42	459
2. Number of Single Individuals and Persons in Households without Children:	283	179	410	872
(Add Lines Numbered 1 & 2) Total Persons:	504	375	452	1331
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	37		111	148
b. Severely Mentally Ill	108		* 59	167
c. Chronic Substance Abuse	83		* 73	156
d. Veterans	88		* 94	182
e. Persons with HIV/AIDS	5		* 3	8
f. Victims of Domestic Violence	104		* 29	133
g. Unaccompanied Youth (Under 18)	26		* 3	39

If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:

Data Source: ☐ Point-in-time count OR ☒ Estimate

Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total
Total number of Katrina evacuees	56	unknown	56
Of this total, enter the number of evacuees homeless prior to Katrina	Na	na	Na

*Optional for Unsheltered

CoC-K

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the primary method used to enumerate sheltered homeless persons in the CoC (check one):

<input type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
<input checked="" type="checkbox"/>	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	PIT <u>plus extrapolation</u> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	Other – please specify:
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – please specify:
(4) Month and Year when next count of sheltered homeless persons will occur: _____	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
<u>92</u> %	Emergency shelter providers
<u>95</u> %	Transitional housing providers
<u>100</u> %	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted

<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	Other – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input checked="" type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input type="checkbox"/>	Law Enforcement - used in some communities, but not all.
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input type="checkbox"/>	Other – please specify:
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted a training for point-in-time enumerators
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information
<input type="checkbox"/>	Other – specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur:	
January, 2007	

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: MT Dept of Public Health and Human Services, Intergovernmental		Contact Person: Kane Quenemoen
Phone: 406-447-4267	Email: kquenemoen@mt.gov	
Organization Type: State/local government <input checked="" type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other <input type="checkbox"/>		

CoC-M-1

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS

Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Montana Statewide CoC	MT 500		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
May, 2005			

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	0	0
2005	133	132

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney- Vento funds
Street Outreach	5	0/0	0
Emergency Shelter	25	0/0	0
Transitional Housing	38	8	0
Permanent Supportive Housing	8	6	0
TOTALS:	76	14	0
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type		Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)	
Emergency Shelter (all beds)		Based on current information, we do not anticipate achieving 75%. See below	
Transitional Housing (all beds)		6/1/2007	
Permanent Supportive Housing (McKinney-Vento funded beds only)		10/1/06	

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation

Street Outreach: The barrier here has simply been one of time and priority. Now that our first priority of getting the system fully implemented, training and achieving full participation of the McKinney-Vento grantees, we will now turn our attention to street outreach and emergency shelters.

The majority of street outreach is provided by PATH case workers, the Healthcare for the Homeless clinics, a Runaway and Homeless Youth grantee and a couple of the state's largest shelters, most of which have been through an HMIS demonstration, but none have, to date, committed to being a direct MT HMIS participant.

Emergency Shelters: The single biggest barrier continues to be recruiting emergency shelters. About 40% of our inventoried shelters are Domestic Violence Shelters which appear, at this time, to be barred by law from participating.

In addition to DVS nonparticipation, Montana's shelters are mostly very rural, very small and faith-based. Half of the state's 25 emergency shelters have 15 beds or fewer and can be described as being very independent, operating on very small budgets, reliant upon volunteers with a high rate of turnover, and using already established data management systems (albeit simple Excel spreadsheets) that suit their needs fine. Many of these very small operators view HMIS as both costly and onerous because it requires attending a full day of training, using computers with internet access, and allocating more time to meet HMIS data entry requirements.

Smaller operators are also shying away due to perceived increase in responsibility—and liability—that comes from signing contracts and user agreements and complying with confidentiality and data security laws. Some simply do not now collect this information and do not want to collect it in the future because they feel it is an invasion of an individual's privacy.

While these small organizations account for half of all shelters, they account for only 20% of all beds. On the other hand, only 4 shelters in the state account for 42% of all ES beds and each is an affiliate of the same national faith-based organization. One of these shelter directors gave generously of his time and fully participated in HMIS development meetings. In the end, however, he determined that MT HMIS could not meet his management needs (e.g. bed assignments) nor could it dispel concerns he had over government involvement, contract commitments, time & cost, ownership and access to the data, and confidentiality. While there is still a possibility for future participation, based upon current understandings and discussions, we cannot forecast achieving 75% participation without these shelters.

Financial incentives remain a possibility, but our current HMIS budget of \$67,000 is now dedicated to system operations and training costs. We will continue, however, to explore what level of financial incentive might obtain broader participation by surveying all emergency shelters this fall.

There is a possibility that is only now being investigated for accessing data from the nonparticipating shelters using bridges that will access data from nonHMIS systems and transfer it into HMIS. Our current system has Extensible Markup Language (XML) capability, but the cost of writing a necessary extra file for each nonparticipating agency is estimated to be over \$20,000 making this option, possibly, cost prohibitive. Nonetheless, we will undertake two pilot projects beginning this summer using this approach as a way to better understand the barriers, costs and opportunities.

2. Data and Technical Standards Final Notice requirements

No challenges meeting these requirements

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided (check all that apply)	YES	NO
Basic computer training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HMIS software training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Privacy / Ethics training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Security Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Administrator training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locking screen savers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virus protection with auto update?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual or network firewalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 Beds</i>	<i>20 beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new PH beds for chronically homeless persons.	<u>Current Inventory: 36</u> 1. Expand Billings Public Housing Authority TRA S+C beds for CH by 10 beds 2. Secure placement in Governor's budget for 48 state-funded vouchers for CH and lobby for passage in legislature. 3. Increase current # of S+C beds dedicated to Chronically Homeless. 4. Expand McKinny-Vento funded CH dedicated beds by 5-10 each year.	99 1. 10 2. 48 3. 5 4. 0	139 1. 10 2. 48 3. 20 4. 20	184 1. 10 2. 48 3. 20 4. 25	1. Lucy Brown, Director Billings PHA 2. Hank Hudson, Chair, MT Council on Homelessness 3. Bob Buzzas, Coord MT CoC. 4. na
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	<u>Current rate: 78%</u> 1. Secure placement in Governor's budget for 5 state-funded case managers serving the CH population. 2. All S+C Public Housing Authorities participate in Workshop to Identify Best Practices. 3. Each PHA adopts action plan to maintain current levels or to increase goals.	78%	80 %	80 %	1. Hank Hudson 2. Peter Hance, Chair, MT CoC Coalition 3. Bob Buzzas
3. Increase percentage of homeless persons moving from TH to PH to 61%.	<u>Current rate: 49%</u> 1. Ensure that all TH programs establish practice of immediate enrollment to Section 8 of all clients. 2. All SHP projects participate in Workshop to Identify Best Practices. 3. Each SHP adopt action plan to achieve individualized goals.	52%	57%	61%	1. Bob Buzzas 2. Chris Krager, CoC member & Director of Samaritan House. 3. Bob Buzzas
4. Increase percentage of homeless persons becoming employed by 11%.	<u>Current rate: 46%</u> 1. Workforce Program and CoC projects Planning Session to i.d. actions and best practices to achieving employment. 2. All SHP projects adopt individualized action plans to achieve 11% increases in their employment success rates.	57%	68%	75%	1. Bob Buzzas 2. Theresa McCarthy, MT CoC member and Dir, Homeward Bound.
5. Ensure that the CoC has a functional HMIS system.	1. Identify costs, barriers and solutions to developing bridge or interfaces (e.g. XML Schema) to integrate data from providers not willing to use the MT HMIS system. 2. Implement 2 "Pilot Projects" using an	a.outreach d. PSH a. 40%. b. 20%	b. E.S. a. 85% b. 70%	c. TH a. 85% b. 70%	1. Kane Quenemoen, DPHHS, HMIS project mgr. 2. Kane Quenemoen

	E.S. and an outreach provider to test and demonstrate accessing data from other data management systems. 3. Implement Round 3 Recruitment of Non-McKinney Vento providers in the outreach and ES areas using both interface retrieval methods and HMIS financial incentives. 4. MT CoC Data Committee review 2005-2006 progress, identify priorities for 2006-2007.	c.63% d.100%	c. 84% d.100%	c. 84% d.100%	3. Bob Buzzas 4. Lil Dupre, CoC member and Development Dir., NW Human Resources.
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-N

O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Corrections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Foster Care:</u> <p>The Foster Care Independence Program currently includes developing a Life Plan Assessment within 30 days of turning 16. The Protocols add measures that will ensure identification of youth aging out of the system with no place to live or resources to obtain housing. In addition to providing a better referral list for other community service providers who can help to find housing, this information will be provided to the Coalition for preparation of an annual report.</p> <p>The Coalition will also provide the FCIP with a community resources list and contacts, including housing programs such as Runaway and Homeless Youth, Transitional Housing programs and even Permanent Supportive Housing Programs.</p> <p>Both organizations also agree to explore options for sharing data or merging their management information systems to provide better information about the extent to which youth age out of the foster care system into homelessness.</p>				
<u>Health Care:</u>				
<u>Mental Health:</u> <p>The Protocol implements the following measures:</p> <ul style="list-style-type: none"> Each patient admitted to the Hospital will have an Initial Discharge Plan developed no later than 10 days following the patient's admission. The Plan will focus on individual needs of the patient, will include family members, and related community agencies as appropriate and will identify a community mental health contact person and State Hospital coordinator. 				

- Every effort is made to involve the community mental health contact person in the discharge plan review process.
- Patients due to be discharged without a place to go or the resources to obtain housing will be identified along with relevant circumstances, e.g. patient declined assistance, chose to be discharged without a place to live and community destination. This information will be shared with the Coalition at least once annually.
- Patients identified as being discharged without a place to go or the resources to obtain housing will receive counseling that includes reviewing options, referral to community assistance resources and assistance making contact with those resources.
- The Coalition will provide an annually updated list of community resources and contacts, including transitional housing programs and Permanent Supportive Housing programs.
- The Coalition will collaborate with DPHHSs Senior and Long Term Care Regional and Community Program Officers in an effort to identify, coordinate and utilize all available community resources.
- The Coalition and the State Hospital agree to explore options and discuss ways that their respective management information systems (both within the DPHHS) might share or merge data that will better inform our understanding of homelessness among discharged patients in Montana.

Corrections:

The protocol provides for the following measures:

- Offenders due to be discharged within 30 days will be identified.
- Each of these offenders will be surveyed to determine their plans, if any, upon discharge.
- An institutional parole officer will review each individual's plan and identify any offender who does not have a place to go or the resources to obtain housing.
- Eligible offenders will be referred to the Department of Corrections Transitional Living Program. Eligibility criteria include having an approved residence and demonstrated financial capability to pay living and programs costs.
- Offenders identified as being discharged without a place to go or the resources to obtain housing will receive counseling that includes reviewing options, referral to community assistance resources and assistance making contact with those resources.
- The Coalition will provide an annually updated list of community resources and contacts, including transitional housing programs and Permanent Supportive Housing programs.
- The Coalition will collaborate with DPHHSs Senior and Long Term Care Specialist in Butte to identify additional community resources for discharged offenders and participate, when appropriate, in meetings with the parole officers at the State Prison.

- A list will be kept of Deer Lodge Prison offenders being discharged without housing or the resources to obtain housing that either decline assistance or are being discharged under parole/probation. This list will include:
 - Name
 - Circumstances (i.e. declined assistance, were free of any further supervision, were discharged on parole, etc.)
 - Community destination
- The Department of Corrections will explore also collecting the same information for discharges from all of its facilities.
- The Coalition and the Department agree to examine their respective management information systems for possible sharing or merging of data that will better inform our understanding of homelessness among discharged offenders in Montana.

CoC-O

P: CoC Coordination Chart

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
Policy Academy* Coordination		
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>



CoC-P

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

Q: CoC Project Priorities Chart

HUD-defined CoC Name: Montana Statewide CoC						CoC #: MT05-500			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Housing Authority of Billings	Housing Authority of Billings	S+C TRA for CH Individuals	1	\$ 268,200	5			TRA	
The Poverello Center, Inc.	The Poverello Center	Joseph Residence	2	\$ 74,934	2		TH		
Northwest Montana Human Resources, Inc.	Northwest Montana Human Resources, Inc.	Courtyard Apartments	3	\$ 71,538	2		TH		
Human Resources Council, District XII	Human Resources Council, District XII	Homeward Bound	4	\$ 90,958	1		TH		
Mountain Home Montana, Inc.	Mountain Home Montana, Inc.	Hamilton Project	5	\$ 76,798	1		TH		
The Samaritan House, Inc.	The Samaritan House, Inc.	The Samaritan House	6	\$ 63,000	1		TH		
Missoula County	YWCA of Missoula	Ada's Place	7	\$ 101,001	1		TH		
Supporters of Abuse Free Environments, Inc.	Supporters of Abuse Free Environments	S.A.F.E. Transitional Housing	8	\$ 35,700	1		TH		
Missoula County	The Salvation Army	Gateway Center	9	\$ 61,579	1		SSO		
Missoula County	Western MT Mental Health Center, Turning Point	SHARE House	10	\$ 196,665	1		TH		
Sanders County Coalition for Families	Sanders County Coalition for Families	The Lavonne Kennedy Transitional Housing Project	11	\$ 56,964	1		TH		
God's Love, Inc.	God's Love, Inc.	God's Love Family Transitional Center	12	\$ 150,470	1		TH		
Montana Department of Health and Human Services	Montana Department of Health and Human Services	Montana HMIS Project	13	\$ 66,980	1		HMIS		
Missoula County	YWCA of Missoula	Ada's Place II	14	\$ 14,965	2	TH			
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$ 1,329,752					
(9) Shelter Plus Care Renewals:****						S+C Component Type**			

Missoula Housing Authority	Missoula Housing Authority	Missoula Housing Authority 70 S+C Vouchers Renewal	15	\$ 445,320	1	TRA
Helena Housing Authority	Helena Housing Authority	Helena Housing Authority 28 S+C Vouchers Renewal	16	\$ 160,944	1	TRA
Public Housing Authority of Butte	Public Housing Authority of Butte	Public Housing Authority of Butte S+C	17	\$ 72,696	1	TRA
Housing Authority of Billings	Housing Authority of Billings	Housing Authority of Billings S+C	18	\$ 80,460	1	TRA
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$ 759,420		
(11) Total CoC Requested Amount:				\$ 2,089,172		

CoC-Q

R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)

Not Applicable

S: CoC Project Leveraging Summary Chart

Name of Continuum	Total Value of Written Commitment
Montana Statewide CoC	\$ 6,402,083

CoC-S

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:														
Type of Housing			All SHP Funds Requested (Current Year)		Renewal Projections									
			2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)			\$ 932,993		\$ 896,103		\$ 969,339		\$ 984,304		\$ 984,304		\$ 984,304	
Safe Havens-TH														
Permanent Housing (PH)			\$ 1,027,620		\$ 759,420		\$ 915,936		\$ 915,936		\$ 915,936		\$ 1,065,216	
Safe Havens-PH														
SSO			\$ 61,579		\$ 61,579		\$ 61,579		\$ 61,579		\$ 61,579		\$ 61,579	
HMIS			\$ 66,980		\$ 66,980		\$ 66,980		\$ 66,980		\$ 66,980		\$ 66,980	
Totals			\$ 2,089,172		\$ 1,784,082		\$ 2,013,834		\$ 2,028,799		\$ 2,028,799		\$ 2,178,079	
Shelter Plus Care (S+C) Projects:														
Number of Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections										
				2006		2007		2008		2009		2010		2011
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	
0	0			0		0		0		0		0		
1	120	\$ 911,292		110	\$ 643,092	133	\$ 784,128	133	\$ 784,128	133	\$ 784,128	161	\$ 933,408	
2	15	\$ 108,420		15	\$108,420	17	\$ 123,900	17	\$ 123,900	17	\$ 123,900	17	\$ 123,900	
3	1	\$ 7,908		1	7,908	1	\$ 7,908	1	\$ 7,908	1	\$ 7,908	1	\$ 7,908	
4														
5														
Totals	136	\$ 1,027,620		126	\$ 759,420	151	\$ 915,936	151	\$ 915,936	151	\$ 915,936	179	\$ 1,065,216	

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
1. Find state funding for new permanent supportive housing.	1. Develop Bridge Pool for CH housing. 2. Explore use of existing Board of Housing resources. 3. Develop partnership between Board of Housing and local community(ies) to create new CH housing opportunities.	1. MCoH adopted recommendation to Governor to fund 48 voucher for CH with 5 case managers. 2. MCoH adopted recommendation to expand Housing Trust Fund to provide more low-income housing. 3. see above
2. Provide more housing opportunities	1. Improve access to available housing. 2. Improve SSI enrollments. 3. Request state report on Regulatory & Zoning Barriers.	1. Recommendation for increased funding of Housing Trust Fund currently in Executive Budget. 2. Montana now has 3 trained SOARS trainers conducting trainings statewide. 3. No action achieved on state report.
3. Increase enrollments of CH in all available supportive services	1. Inventory policy and regulatory barriers. 2. Require all state managed programs or service providers participate in local continuum of care. 3. Increase enrollments in SSI. 4. Implement First Step statewide. 5. Establish Mainstream Training Curriculum.	1. No action achieved inventory. 2. No success achieved in requiring participation in local continuums. 3. SOARS trainings are being conducted statewide by certified trainers. No data available yet on improved SSI enrollment rates. 4. First Step implementation dropped as priority—no longer considered high need. 5. No success in achieving central, state sponsored Mainstream training, but SOARS training is achieving same intended outcome.
4. Stop all institutional discharges into homelessness	1. Implement Demonstration Project focusing on Corrections. 2. Identify more effective discharge policies and practices. 3. present to MCoH for adoption. 4. Present to Governor for adoption and implementation.	1. Project leader called up on active duty, National Guard. Temporarily postponed. 2. Ad hoc protocols preventing homelessness agreed to and in place. Further work in progress. 3. No success in MCoH action. 4. MCoH recommendations do not include discharge provisions at this time.
5. Establish intermediate and long-term funding sources for housing.	1. Id. Source of funding within existing Housing Trust Fund. 2. Inventory state lands for suitable siting. 3. Draft MT LIHTC legislation.	1. Housing Trust Funds to be increased but targeted for low-income usage in general. 2. No action achieved in inventorying state lands.

	<ol style="list-style-type: none"> 4. Establish State-Local Govt funding partnership using bonds or other financing. 5. Prepare funding request to Governor. 	<ol style="list-style-type: none"> 3. MCoH did not consider or adopt LIHTC legislation at this time. 4. Local-state partnership formed with Billings Pilot Project. 5. Funding request to Governor includes 48 vouchers for CH.
6. Build support needed to eradicate CH by 2014.	<ol style="list-style-type: none"> 1. Using homeless survey data, prepare community reports and present to city leaders. 2. Begin merging Survey data and HMIS data. 	<ol style="list-style-type: none"> 1. Postponed until summer of 2006 to include 2nd yr survey results. 2. Delayed. HMIS implementation not yet sufficient for data merge.
7. Build a model program with a proven approach.	<ol style="list-style-type: none"> 1. Convene federal and state program mgrs. To establish a "resource team." 2. Convene meeting of this team with a Pilot Community. 3. Present and secure approval of the Governor. 4. Select of community of high need. 5. Adopt 1-year implementation plan with measurable goals. 6. Begin implementation. 	<ol style="list-style-type: none"> 1. Resource teams not achieved, but Billings Pilot Project established with state and federal participation. 2. see above. 3. Governor approved MCoH Billings Pilot Project. 4. see above 5. Billings Mayor appoints Homeless Board in May, 2006 with charge to develop plan. 6. see above

Other Homelessness Goals

1. Increase Affordable Housing	<ol style="list-style-type: none"> 1. Create Demonstration Project 2. Develop Housing Trust Fund 3. Id. Undeveloped state land 4. Develop state LIHTC 5. Develop state-local partnership to use bonds. 6. Develop Housing Bridge-Pool 7. Request state funding Housing Choice Vouchers 8. Promote wider use of SROs 9. Package all of above into recommendation to the Governor. 	<ol style="list-style-type: none"> 1. Billings picked as Demo. Project. 2. Defunct Trust Fund to be revived. 3. no action achieved. 4. not successful. 5. not successful, but other efforts underway in Billings. 6. 48 CH vouchers in Governor's Budget. 7. see #6 above. 8. promoted, but no applications in 2006. 9. MCoH package sent to Governor containing some but not all of above items.
2. Improve Access to Housing	<ol style="list-style-type: none"> 1. I.d. barriers to housing 2. Request state inventory of Regulatory & Zoning Barriers 3. Support creation of Housing Clearinghouse. 4. ensure timely access to addiction treatment, emergency mental health. 	<ol style="list-style-type: none"> 1. not successful, at this time. Still possible that MCoH will adopt in future. 2. see above. 3. Clearinghouse created and running. 4. No achievements in this area.
3. Prevent Homelessness	<ol style="list-style-type: none"> 1. Develop recommendation for better institutional discharges 2. Recommendation to Governor and Legislature on discharge policies. 3. Develop crisis identification and intervention plan. 4. Increase availability of emergency rent or mortgage assistance. 5. Request Board of Crime Control and DVS Association to identify 	<ol style="list-style-type: none"> 1. Initial Protocols adopted with Corrections, Foster Care and Mental Health. 2. No achievements in this area yet, but still in active development. 3. No success. 4. Possible use of TANF for rent emergency under consideration. 5. No progress made.

	needed steps for prevention.	
4. Improve Access and Delivery of Support Services	<ol style="list-style-type: none"> 1. Develop Pilot Project. 2. Promote local CoC through state programs. 3. Est. statewide adoption of “welcoming policies.” 4. Develop cultural awareness training. 5. Facilitate implementation of HUDs First Step program. 6. Convene state and federal program mgrs. To coordinate all services in a pilot project. 	<ol style="list-style-type: none"> 1. Pilot project established in Billings. 2. little progress in requiring state employee participation in CoC’s 3. Action dropped. 4. No progress. 5. Goal dropped, no longer a priority need. 6. Various program managers convened in early Billings Pilot project mtngs.
5. Provide Employment, Education and Training Opportunities.	<ol style="list-style-type: none"> 1. Identify Prerelease Center models for finding jobs. 2. Recruit business partners 3. Explore use of tax credits 4. Identify and develop “job developer” resources. 5. Identify barriers to homeless youth in education. 6. Work with First Time Homebuyer programs to prioritize training of transitional housing clients. 	<ol style="list-style-type: none"> 1. Research conducted but unsuccessful. Only 1 program found. 2. Still under active pursuit by MCoH. 3. Still under consideration by MCoH. 4. See above. 5. No progress achieved yet, but still being pursued. 6. No progress achieved, but still a priority.

CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	Example: 90	45					
2005	Example: 82	50					
2006	Example: 75	60	10	\$15,480	\$31,420	\$40,350	\$12,750
2004	171	0					
2005	234	23					
2006	158	39	3	\$ 1,405	\$ 1,405	\$ 0	\$ 0
(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).							
*Of the increase in 16 PH/CH beds, 13 were S+C beds that were made available to CH as they “turned over” and 3 were new HOPWA beds committed to CH usage.							

CoC-V

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	
a. Number of participants who exited PH project(s)—APR Question 12(a)		71
b. Number of participants who did not leave the project(s)—APR Question 12(b)		138
c. Number who exited after staying 7 months or longer in PH—APR Question 12(a)		50
d. Number who did not leave after staying 7 months or longer in PH—APR question 12(b)		113
e. Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)		78%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All TH renewal projects with APRs submitted are included in calculating the responses below	
a. Number of participants who exited TH project(s)—including unknown destination		1300
b. Number of participants who moved to PH		637
c. Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)		49%
CoC-W		

X: Mainstream Programs and Employment Project Performance Chart

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3 ÷ Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
1057	a. SSI	143	13.5 %
1057	b. SSDI	135	12.8 %
1057	c. Social Security	73	6.9 %
1057	d. General Public Assistance	53	5.9 %
1057	e. TANF	192	18.2 %
1057	f. SCHIP	2	0.2 %
1057	g. Veterans Benefits	27	2.6 %
1057	h. Employment Income	488	46.2 %
1057	i. Unemployment Benefits	12	1.1 %
1057	j. Veterans Health Care	36	3.4 %
1057	k. Medicaid	219	20.7 %
1057	l. Food Stamps	508	48.1 %
1057	m. Other (please specify)	89	8.4 %
1057	n. No Financial Resources	323	30.6 %

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.

<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
No Unexecuted Grants exist.			

CoC-Z

AA: CoC Participation in Energy Star Chart

Have you notified CoC members of the Energy Star initiative? ☒ Yes ☐ No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 70%*

70% reflects those organizations that own or furnish units.

Other projects on the Priority Chart include 1 HMIS, 1 SSO project and 6 lease-only projects whereby the organizations do not purchase home appliances. For all projects on the list, 44% use Energy Star.

CoC-AA

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CoC-AB